

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

DIVISIONAL REISSUE PATENT APPLICATION TRANSMITTAL

ADDRESS TO:

Mail Stop Reissue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No.

1830.1002-015

First Named Inventor

Gary B. Simon

Original Patent Number

US 6,181,260 B1

Original Patent Issue Date
(Month/Day/Year)

01/30/01

Express Mail Label No.

EV 052031272 US

17513 U.S. PTO
10/691429

**DIVISIONAL APPLICATION FOR
REISSUE APPLICATION NO.**
10/170,086

☒ Utility Patent☐ Design Patent☐ Plant Patent

(Check applicable box)

Title of
Invention

AUTOMATIC WEATHER MONITORING AND ADAPTIVE TRANSMITTING SYSTEM

APPLICATION ELEMENTS (37 C.F.R. 1.173)

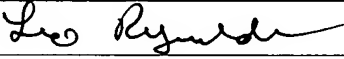
ACCOMPANYING APPLICATION PARTS

- | | |
|---|--|
| <p>1. <input checked="" type="checkbox"/> Reissue Application Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent
format (amended, if appropriate)</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)</p> <p>4. <input type="checkbox"/> Reissue Oath/Declaration</p> <p>5. <input checked="" type="checkbox"/> Original U.S. Patent currently assigned?

 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> <input type="checkbox"/> Written Consent of all Assignees, if any</p> <p> <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement (copy)</p> <p>6. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer
Program (Appendix)</p> <p>7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)</p> <p> a. <input type="checkbox"/> Computer Readable Form</p> <p> b. <input type="checkbox"/> Paper Copy (identical to computer copy)
 <input type="checkbox"/> Pages</p> <p> c. <input type="checkbox"/> Statements verifying identity of above copies</p> | <p>8. <input checked="" type="checkbox"/> Statement of status and support for all changes to the
claims. See 37 C.F.R. §1.173(c).</p> <p>9. <input checked="" type="checkbox"/> Original U.S. Patent surrendered (filed w/Reissue Appl. on
6/11/02.)</p> <p> <input type="checkbox"/> Ribboned Original Patent Grant</p> <p> <input type="checkbox"/> Statement of Loss</p> <p>10. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119 or 365) (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS
Statement (IDS)/PTO-1449 Citations</p> <p>12. <input type="checkbox"/> English Translation of Reissue Oath/Declaration
(if applicable)</p> <p>13. <input type="checkbox"/> Power of Attorney w/ 3.73(b)</p> <p>14. <input type="checkbox"/> Small Entity Statement(s)</p> <p>15. <input type="checkbox"/> Preliminary Amendment</p> <p>16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)</p> <p>17. <input checked="" type="checkbox"/> Other: <u>New Preliminary Amendment</u></p> |
|---|--|

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Signature		Date	10/22/03
Submitted by Typed or Printed Name	Leo R. Reynolds	Reg. Number	20,884

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

DIVISIONAL REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
1830.1002-015

Claims as filed - Part 1

Claims in Patent	FOR	Number Filed in Reissue Application	(3) Number Extra	Small Entity			Other than a Small Entity	
				Rate	Fee		Rate	Fee
(A) 32	TOTAL CLAIMS (37 CFR 1.16(i))	(B) 32	**** =	x \$ 9 =	\$ 0	OR	x \$ 18 =	\$
(C) 13	INDEPENDENT CLAIMS (37 CFR 1.16(i))	(D) 7	* =	x \$ 43 =	\$ 0		x \$ 86 =	\$
Basic Fee (37 C.F.R. 1.16(h))						\$ 385		\$ 770
Total Filing Fee						\$ 385	OR	\$

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity			Other than a Small Entity	
					Rate	Fee		Rate	Fee
TOTAL CLAIMS (37 CFR 1.16(i))	***	MINUS	**	* =	x \$ 9 =	\$		x \$ 18 =	\$
INDEPENDENT CLAIMS (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ 43 =	\$		x \$ 86 =	\$
Total Additional Fee						\$	OR	\$	

- * If the entry in (D) is less than the entry in (C), write "0" in column 3.
- ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, write "20" in this space.
- *** After any cancellation of claims.
- **** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).
- ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).


☒ Applicant claims small entity status. See 37 C.F.R. 1.27.

☐ Please charge Deposit Account No. 08-0380 in the amount of \$[]. A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any deficiency in fees under 37 C.F.R. 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 08-0380. A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 385 to cover the filing / additional fee is enclosed.

10/22/03
Date



Signature of Applicant, Attorney or Agent of Record

Leo R. Reynolds, Esq.

Reg. No. 20,884

Typed or printed name